

**CALIFORNIA DEPARTMENT OF
CORRECTIONS AND REHABILITATION**

JUVENILE JUSTICE



STATUS REPORT ON JUVENILE JUSTICE REFORM

DECEMBER 1, 2005

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As required by the 2005/06 Budget Act, 5225-001-0001, Item 29 (B), the Department of Corrections and Rehabilitation was required to submit quarterly Status Reports on Juvenile Justice Reform to the Legislature. The Status Report contained herein, due December 1, 2005, represents the second of these reports. As required, this report includes: a gap analysis of the entire juvenile justice system; a description of the programs needed to effectively serve youthful offenders in the state's juvenile corrections facilities; a preliminary facilities master plan; and a description of parole and post-custodial supervision.

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EXECUTIVE SUMMARY

The 2005/06 Budget Act, 5225-001-0001, Item 29 (B), required the Department of Corrections and Rehabilitation to submit, quarterly Status Reports on Juvenile Justice Reform to the Joint Legislative Budget Committee throughout fiscal year 2005/06. The Status Report contained herein, represents the second of these reports. As required, this Status Report includes: a gap analysis of the juvenile justice system; a description of the programs needed to effectively serve youthful offenders in the State's juvenile corrections facilities; a preliminary facilities master plan for Division of Juvenile Justice (DJJ) facilities; and a description of parole and post-custodial supervision.

BACKGROUND TO THE DECEMBER 1, 2005 STATUS REPORT

Shortly after the current administration took office, expert reports from the *Farrell v. Hickman* (then *Farrell v. Allen*) state taxpayer lawsuit identified significant deficiencies throughout the Division of Juvenile Justice (then known as the California Youth Authority). During the winter and spring of 2004, extensive legislative and media attention, as well as reports from the Office of the Inspector General, continued to highlight problems at various levels of the department.

Last spring the California Department of Corrections and Rehabilitation (CDCR), in the Governor's Revised Budget, requested approximately \$4 million, in order to develop and implement much needed reforms to the State's juvenile justice system, particularly DJJ's juvenile corrections facilities. The Legislature, clearly frustrated with what was perceived as lack of progress in this area, refused to grant the request. Instead, it required the Department to submit quarterly Status Reports on Juvenile Justice Reform throughout Fiscal Year 2005/06.

On September 1, 2005, CDCR submitted the first of these Status Reports. The September 1st Status Report addressed the question posed by the Legislature, whether or not California needed a state level juvenile corrections entity. The September 1st Status Report affirmed, based on input from local juvenile justice partners, that a *state level juvenile corrections system is essential to provide effective rehabilitative treatment for the higher risk / higher need youthful offenders in California.*

This second Status Report is far more comprehensive. Part A, the Gap Analysis requested by the Legislature, provides an initial analysis of the major gaps in the local and/or regional juvenile justice continuum. Part B includes two of the remedial plans prepared for the *Farrell v. Hickman* lawsuit, specifically the Safety and Welfare Plan and the Mental Health Plan. These remedial plans describe the programs needed to appropriately and effectively rehabilitate/treat the youthful offenders committed to DJJ. (These two plans were not due in court until November 30, 2005 and therefore have not been publicly available until now.) Part C presents a preliminary Facilities Master Plan for DJJ's facilities. Part D describes parole and post-custodial supervision and changes proposed for these services.

While DJJ has been under tremendous pressure to develop these plans, not only for the Court, but for this Legislative Status Report as well, it is important to note that many stakeholders have been actively assisting in this process. This Administration's reform efforts have included input from the Governor's Juvenile Justice Reform Working Group, established in March, 2004, other formal and informal meetings and work groups, and other subject matter experts, interested stakeholders and key partners from the public and private sectors. Their input has been invaluable.

DJJ is pleased to submit this Status Report to the Legislature. Once the plans described in this report have been carried out, California will once again be at the forefront of juvenile justice systems across the country. There should be no doubt that most of the work is yet to be done and many challenges lie ahead. But the plans and changes described in this report represent the kind of comprehensive reform that has taken other states years to develop. Success will not be possible without the support of the Legislature. DJJ looks forward to working with the Legislature to implement these important reforms.

PART A GAP ANALYSIS

Given that the local juvenile justice continuum encompasses prevention, early intervention, intermediate sanctions, intensive sanctions, detention and commitment, and aftercare/re-entry and includes such critical elements as assessment, victims' services and family-related services, it is clear that a comprehensive gap analysis study will be an extensive and time consuming undertaking. A comprehensive study of California's juvenile justice system will take a minimum of 9-12 months and dedicated resources to conduct, as evidenced by the previous experiences of the Corrections Standards Authority (then Board of Corrections). Noting further that there are multiple parties and partners in each jurisdiction's juvenile justice system and that there was not time for each county to convene its Juvenile Justice Coordinating Council to conduct an in depth county-wide analysis, DJJ surveyed Chief Probation Officers, who are the chairs of the Coordinating Councils and are in touch with their counterparts throughout the local systems, for their views as to existing gaps in the juvenile justice continuum. Legislative staff appeared to concur with this approach and further agreed that surveying a representative sample of counties was the most efficient and productive way to produce an initial snapshot of the most significant gaps.

Therefore, the analysis presented in this Status Report is based on a representative sample of counties, including urban, suburban, rural, large, small, and medium size counties in the northern, southern, coastal and central valley regions of the State.

It should be noted, that many county representatives raised concern about being asked to describe gaps, assess needs and report deficiencies without sufficient time to convene partners and thoroughly address relevant issues. Suggestions were made to follow up this preliminary gap analysis with a more consistent and systematic approach to obtaining

planning information so decisions will not be made based solely on information provided in this report.

Among the 12 counties interviewed, seventy (70) gaps or deficiencies, addressing all elements of the juvenile justice continuum, from prevention through aftercare were identified. Particularly among large and medium size counties, the major deficiencies noted related to best practices and emerging strategies, rather than specific programs or operational elements. Several respondents said their local continua were generally well developed and that their major gaps were related to the services the state (DJJ and DMH) failed to provide for those youth appropriate for state custody. (Note: Part B of this Status Report describes DJJ's plan to address these deficiencies, as they were identified in the *Farrell v. Hickman* lawsuit.)

The 70 identified gaps and/or deficiencies fell into six major categories. Most of the categories included several types of gaps.

- **Mental Health:** Among the counties surveyed for this study, mental health services (including treatment, facilities, staff and appropriate jurisdiction) comprised the single most critical gap in juvenile justice continuum. It was clear from the frequency with which they were identified, and the priority ranking accorded them that gaps in mental health services are a primary concern. Without exception, every county described mental health service capacity related to either at risk youth, juvenile offenders or most frequently both, as a significant, if not their most significant, gap.
- **Programs:** The second largest category of gaps was in the Program category. There were a variety of programs and/or services within this category. Five of these – aftercare, services for older youth, wraparound, vocational services and probation officers in schools – were raised by multiple jurisdictions. The remaining eight – bilingual services, community projects, early intervention, family services, services for girls, gang services, intensive supervision, and victims' services – were considered individual gaps in only one county each. However, these services were often mentioned by other respondents as subsumed in larger, more extensive gaps, such as a reliable, stable funding source.
- **Facilities:** Facility gaps comprised the third largest category. Related only to local (non-mental health) facilities, the kinds of gaps in this category were juvenile halls, commitment facilities and multi-purpose residential placement-like treatment facilities intended, in one instance, to serve two neighboring small counties.
- **Statewide Consistency:** Gaps in the category Statewide Consistency are perhaps best characterized as gaps in the statewide continuum and/or in the ability to develop an actual continuum of coordinated juvenile justice sanctions and services statewide, i.e., across all regions and between the counties and the State. Gaps in this category were identified among the priority deficiencies in eight of

the 12 sample counties. Related issues were mentioned in the remaining four as well, both in the context of other gaps and in respondents' comments. The specific types of gaps in this category were Assessment, Caseload Resources, Alternatives to Residential Treatment / Placement, and Gathering Strategic Information in a deliberate and thoughtful way

- **Staff:** The gaps in this category fell into two types – sufficient staff and staff training. Four jurisdictions identified not having enough staff to do all that needed doing as primary or very significant gaps. While three of these were small jurisdictions (in the Southern, Coastal and Central Valley regions), one was a large county. One jurisdiction noted that increasing salaries in the county – for probation, mental health, and other service provider positions – would enable staff retention in light of the fact that salaries were not currently competitive with those in neighboring counties. In terms of the gaps in staff training, one jurisdiction reported that the loss of the Standards and Training for Corrections program with its training subvention funding had decimated the county's ability to ensure that staff received all the appropriate and required training.
- **Funding:** All three of the jurisdictions that specifically identified funding as one of their major gaps described the gap as the absence of stable, ongoing funding for probation. One respondent noted that his department does not receive adequate support for existing programs and is hard pressed to expand services to existing youth or serve a larger population. Another noted that reliance on grant funding handicaps departments in so far as they are unable to respond to emerging pressures or modify programs in ways not expressly authorized by the grants. Moreover, fear of losing grants makes it hard to introduce new evidence-based interventions and/or do planning, training or program improvements.

This initial gap analysis, conducted with a sample of California counties, is far from definitive, but it can be considered illustrative of the major gaps in local jurisdictions' juvenile justice continua. While it does not answer all the questions or provide the full spectrum of gaps in every county or region, it does illuminate the major issues of concern and the major expressed deficiencies in a representative sample of counties across the state. While this information should not be construed as the basis for policy or programmatic decisions relative to the statewide juvenile justice continuum, it may prove useful to inform decisions about further gap analyses and subsequent statewide studies involving all state and local juvenile justice partners.

The most difficult part, of course, is determining how to address these or other identified deficiencies and understanding what role the State should play in these solutions. Clearly, DJJ is not the answer to all of these deficiencies. As the respondents to this survey articulated, more local and/or regional approaches need to be developed and implemented. That said, DJJ can certainly play a far greater role in working with county and regional partners, as described in Part B of this report, to identify the appropriate strategies to address gaps in the overall continuum, while ensuring that the state's

juvenile corrections facilities are targeted specifically to provide effective rehabilitative treatment for the highest risk/highest need youthful offenders in the state.

PART B DESCRIPTION OF PROGRAMS PROVIDED BY DJJ

In November 2004, the State of California entered into a consent decree in the *Farrell v. Hickman* (then known as *Farrell v. Allen*) lawsuit. According to the terms of the consent decree, the State agreed to provide the court with remedial plans in the following six areas by January 31, 2005: education, medical care, mental health, disabilities, sexual behavior treatment, and general corrections.

Since the filing of the consent decree in November 2004, the State and plaintiffs agreed that effective reform of California's juvenile corrections system would require more comprehensive planning. As a result, the state was given until November, 2005 to develop a Safety & Welfare Plan (which replaces the original "general corrections" plan) and a Mental Health Plan, the final of six remedial plans in the *Farrell v. Hickman* lawsuit.

The principles for reforming California's Division of Juvenile Justice include:

- 1) Safe and secure facilities;
- 2) Effective rehabilitative treatment to reduce recidivism;
- 3) Youth prepared for re-entry to the community and provided opportunities to address personal, social, physical, educational, and vocational needs;
- 4) Victims adequately heard, served, and protected by the justice system;
- 5) A strengthened juvenile justice continuum, through collaboration with stakeholders, communities, and families; and
- 6) Evaluation of program quality, outcomes, and effectiveness.

Highlights of DJJ's Safety & Welfare Plan

- The concept of "general population" will be eliminated. Every youthful offender committed to the Division of Juvenile Justice (DJJ) will be provided rehabilitative treatment in order to reduce his/her risk to re-offend.
- Living unit size in *existing* facilities will be reduced to no more than 36 on single room units, 38 on open dorm units, and 24 on behavior treatment programs. (New facility design/construction could reduce size further, consistent with national standards, as described in Part C)
- DJJ will consult with nationally recognized experts to assist in design, development and implementation of additional rehabilitation/treatment interventions, specifically in the areas of violence reduction, gang integration, substance abuse/dependence, normative culture and interventions designed specifically to meet the needs of female offenders.

- Potential service providers will be identified to implement appropriate rehabilitation/ treatment programs for female offenders, including secure placements outside of DJJ's facilities.
- Dedicated positions will be established for developing and monitoring individual case plans.
- Staffing coverage for custody/behavior management functions will be enhanced to ensure a safe environment that promotes a “normative culture” with restorative justice principles.
- Rehabilitation/treatment interventions will be developed and implemented by outside subject matter experts. In the long term, DJJ will explore developing in-house staffing classifications to provide these interventions.
- Re-entry planning will be incorporated into individual case plans from the time a youthful offender arrives.
- Dedicated positions will be established to address the needs of victims and to ensure that victim impact is included in youthful offender programming.
- Staff training will be required, implemented, and monitored.
- Outcome measures will be transparently recorded, tracked, and reported.
- Realistic implementation will require phasing in over several years and addressing facility needs.

Highlights of DJJ’s Mental Health Plan

- In consultation with national experts, DJJ will begin development of and implement a new mental health assessment protocol from intake to transition to the community, with aligned treatment activities that are evidence-based and target each youth’s individual diagnosis.
- The population on existing residential mental health treatment programs will be reduced to no more than 30, with enhanced staffing and a focus on utilizing new classifications and licensed mental health professionals.
- Several additional residential mental health programs will be phased in over several years.
- Services to youth on suicide watch and those requiring acute care will be improved to national standards with the availability of direct, one-to-one supervision to decrease isolation and assist in safe reintegration.

- DJJ will develop an Intensive Needs journal series for use by all youth with identified needs (i.e. Exiting Gangs, Anger Management, Rational Thinking and Behavior, Parenting, Victim Awareness, Coping with Trauma and Alternatives to Violence).
- DJJ will develop a new organizational structure in Health Care Services that will improve and monitor the delivery of mental health services, supervise professional staff, and initiate quality management and peer review practices.
- DJJ will introduce a dedicated mental health training team to identify training resources, develop curriculum, facilitate team building and training of staff on mental health programs, ensure professional development, and ensure the adequate skill set of all staff working with youth.
- DJJ will improve the Individual Treatment Planning process for all youth with mental illness as a tool to direct the focus of treatment and identify specific research-based interventions.
- DJJ will develop a certified Psychology Intern Program to expand on services to youth and develop a process for recruiting and retaining professional staff.
- DJJ will develop collaborations with research institutes and universities to train professional staff, share resources and assist in the hiring of hard to recruit classifications.
- DJJ will improve and expand efforts to engage families and guardians of youth in the assessment, treatment delivery and transition processes.

PART C PRELIMINARY FACILITIES MASTER PLAN

With the exception of the latest facility, built in 1991, DJJ's current institutions were constructed over 40 years ago as reformatory schools for boys and girls. These facilities have exceeded their useful life and have not been properly maintained, resulting in a backlog of approximately \$20 million in repair projects. In general, these facilities lack flexibility, are inappropriate in terms of size, and were not designed to address the risk and treatment needs of today's more sophisticated population of youthful offenders.

The Division of Juvenile Justice requires facilities that will support the long-term vision for juvenile justice reform. The preliminary Facilities Master Plan presented in Part C of this report proposes a preliminary outline for achieving long-term facilities solutions that will match the needs of youthful offenders coming to DJJ from throughout the state in the coming decades. These facilities must meet the array of security, programmatic and treatment needs of the approximately 2,255 youth projected to be in the custody of DJJ in 2015.

The preliminary Facilities Master Plan outlines a schedule for the design and construction of a new prototype Core Treatment Facility. Contingent upon Legislative review and approval, the first new prototype facility could be occupied in the Spring of 2009. More detailed information regarding proposals to renovate or build additional prototype facilities, coupled with a plan to evaluate the closure of any existing facilities, will be included in the March and June 2006 reports.

Criteria for Future Facility Planning

- Long-term facilities will have a range of high, medium/moderate, and low risk living units, allowing youth to “step down” as they prepare to re-enter society.
- Dedicated specialized treatment facilities to ensure appropriate mental health and other specialized treatment programs for those youth who are appropriately committed to DJJ, but who cannot effectively program in a core treatment program. Like the core treatment program facilities, these facilities will have a range of “step-down” options to ensure the appropriate level of care for each youth.
- Dedicated Reception Centers, one in Northern California and one in Southern California to ensure the most effective and efficient assessment and placement of youth.
- Facilities placed strategically across the state in order to best address the specific treatment needs of youthful offenders committed to DJJ.
- Existing facility building condition and programmatic assessments will be conducted to determine if renovation is feasible given that all existing facilities, with the exception of one, are over 40 years old, have exceeded their useful life, and contain asbestos and lead paint.
- Build and/or renovate facilities to house 150 to 350 youth each.
- Resources expended on siting and establishing even smaller facilities should first be focused specifically on re-entry facilities located in the communities to which youth will be returning.
- New living units that house no more than 20-30 youth per housing unit.
- All living units will use a direct supervision model in which both custody and treatment staff are routinely in direct contact with the youth rather than remotely located in an enclosed control station.
- All living units will be designed with appropriate treatment/rehabilitation space.
- The location of other “program” space, i.e., education, dining, recreation space, etc., will depend on risk level and intensity of treatment program need.
- All youth will have access to the necessary medical and mental health services.
- New facilities that address the risk and treatment needs of the current population, but that anticipate the need for flexibility in the future.
- Facilities that incorporate best practices in the design of infrastructure, including

the use of current technologies and the capacity for new technologies in the future.

None of DJJ's existing facilities meets all of the criteria identified in this preliminary Master Plan and many facilities have multiple design-related deficiencies.

- Despite these deficiencies, DJJ does not propose to close any existing facilities at this time. To do so, would make it impossible for DJJ to meet its commitment to reduce living unit size for the current population. (Living units are as high as 60-80 youth on some living units.)
- To the extent feasible, reuse or renovation of existing facilities will be considered and determined by facility condition and programmatic site assessments.
- As required by the budget language, closure and reuse options will be proposed in the future March and June 2006 Status Reports to the Legislature on Juvenile Justice Reform.
- DJJ is committed to working with legislative, county, and community representatives to identify potential new sites for future facilities.
- As stated previously in this document, DJJ recognizes that the future Facility Master Plans, as well as future funding proposals, are subject to Legislative input and support.

PART D PAROLE & POST-CUSTODIAL SUPERVISION

There has been much discussion over the past year about the possibility of transferring parole services to the county level. This Status Report confirms that the Administration has decided not to pursue this option at this time.

The Administration is committed to improving its ability to successfully prepare youthful offenders to re-enter their communities and to helping them make this transition. Based on continued conversations with county partners, the Administration recognizes that there is not enough interest currently to continue exploring the possibility of transferring parole services to the county level, as was originally proposed by the Governor's Juvenile Justice Working Group in 2004. For now, the Administration will continue to improve its parole services, as outlined in this report and as determined appropriate by ongoing discussions with internal and external stakeholders.

Description of Proposed Changes to Parole Services

- DJJ will establish a comprehensive risk/needs assessment process to accurately assess the risks and needs of youthful offenders and match treatment services appropriately, while building upon and developing strengths and protective factors. This assessment/reassessment will be used throughout a youth's time in the institutions as well as after release on parole. As part of the comprehensive classification system DJJ will utilize assessments to identify:
 - Appropriate facility/program placement

- Targets for intervention (risks/strengths)
 - Needs not necessarily linked to offense behavior (e.g. mental health, medical, education)
- A risk/needs assessment tool, which will be developed during the current fiscal year (DJJ received budget authority to issue this RFP in the 2005 Budget Act), will assist DJJ not only in providing appropriate services and interventions both in the institutions and while on parole, but will also assist in determining appropriate sanctions for parolees who violate parole conditions based on their risk to public safety.
- Once the comprehensive risk/needs assessment is implemented, DJJ will explore the option of adjusting the process of assigning cases, determining caseload sizes, determining contact standards and determining other resource provisions based on the objectively identified risk/need level of parolees. As described earlier, the key to this process will be the implementation of a standardized assessment tool which can determine the youth's risk to re-offend based upon objective criteria, completed at intake, reassessed regularly, including prior to release and periodically thereafter. This assessment will provide a clearer picture of the progress or regress in a parolee's treatment.
- DJJ will establish dedicated Re-Entry Specialists to serve as liaisons to the institutions, parole offices, other agencies, systems and organizations to ensure that youthful offenders and their families are provided needed services in the community and to improve youthful offender transition to the community in the areas of education, employment, substance abuse treatment, mental health treatment, housing and required subsistence needs.
- DJJ will consult with experts to establish re-entry programs/step-down units at each facility to better prepare youthful offenders for their return to their communities.
- Youthful offenders will be afforded the opportunity to participate in pre-release transition services at least six months prior to their release to the community. Efforts will be made to place DJJ offenders closer to home in order to solidify family reunification efforts and to formalize re-entry plans.
- DJJ will establish dedicated Community/Court Liaisons to work extensively with the counties to improve communication, relationships and collaboration with the community, court and law enforcement.
- DJJ will establish Re-Entry Advisory committees at each parole region to assist DJJ with developing community capacity for services. Committee members will include community based organizations, family, crime victims/crime victim organizations, local law enforcement, social services, parole and institution representatives.

Facilities and Programs to Improve Aftercare

- Currently, DJJ has a significant number of substance abuse contracts in both the northern and southern regions.
- Every parole office has individual contracts with service providers who conduct individual and group counseling services for sex offenders. Contract providers begin transition service by going into the institutions and conducting pre-parole conferences with offenders pending release. Further, every office has established partnerships with residential facilities (group homes) for sex offenders, paid as vendors on a day-to-day fee basis.
- DJJ currently has contracts for acute care beds and day-treatment mental health services. With the use of transition funds, the parole offices negotiate beds (at a daily rate on a vendor basis) at varied psychiatric placements such as secure care or Board and Care providers that are licensed by the Department of Mental Health.
- Each parole office has a modest budget line item available to utilize for group home placements.
- DJJ is exploring ways to expand services in the future.

Revocation Responsibilities, Procedures or Sanctions

- DJJ plans to review other states' systems to explore the possibility of developing a sanction grid to include alternative interventions which appropriately address risks/needs of violation behaviors. DJJ's goal is to increase parolee success by providing supportive and preventive services and by placing parolees in the least restrictive environment in the community without jeopardizing public safety.

Resource Plan

- As explained throughout this report, many of the proposed changes, e.g. those related to preparing a youthful offender for successful re-entry prior to release from custody, are included in the *Farrell v. Hickman* remedial plans.
- A detailed assessment will be required to identify current parole service capacity, conduct a workload analysis and comprehensively identify existing resources, beyond those already identified in this report.
- DJJ will identify where it can leverage services and resources within CDCR and with community partners.
- It is expected that additional resources may be needed to implement some of the above recommendations.